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ABSTRACT

A followup to a 1980 General Accounting Office (GAO) report was undertaken to evaluate public and private activities that addressed problems created by U.S. citizens studying medicine abroad and returning to the United States to practice medicine. The 1980 report made suggestions to ensure that U.S. foreign medical graduates received education and training comparable to that provided by U.S. schools. The followup study involved interviewing medical licensing authorities in four states that were visited in developing the 1980 report: California, Florida, New Jersey, and New York. Meetings were also held with members of seven private organizations that are responsible for testing and certifying the foreign medical graduates. Officials at the Department of Education, Department of Health and Human Services, and Veterans' Administration were interviewed. In addition, two conferences were convened to discuss issues and possible solutions to problems arising from foreign medical graduates. GAO found that none of its 1980 report recommendations had been implemented. Although private agencies took some initiatives (e.g., obtaining information about foreign medical schools for state licensing boards), GAO suggests two alternative courses of legislative action that could promote a more coordinated approach to address problems. These suggestions concerned accrediting foreign medical schools, and reviewing credentials of foreign graduates. (SW)

ED264814

BY THE U.S. GENERAL ACCOUNTING OFFICE

Report To The Chairman, Subcommittee On Health And Long-Term Care Select Committee On Aging House Of Representatives

Federal, State, And Private Activities Pertaining To U.S. Graduates Of Foreign Medical Schools

In a follow-up to a 1980 report, GAO reviewed activities that have taken place to address problems created by U.S. citizens studying medicine abroad and returning to this country to practice medicine.

GAO found that none of its 1980 report recommendations, which were directed toward ensuring that U.S. foreign medical graduates were receiving education and training comparable to that provided to graduates of U.S. schools, had been implemented. The issues that the recommendations were intended to address still need attention. Although federal, state, and private organizations have taken some actions to address individual problems related to U.S. citizens studying in foreign medical schools, a more coordinated approach is needed to address these problems. GAO suggests two alternative courses of legislative action that could lead to the development of such an approach.

Representatives of federal, state, and private organizations who attended a GAO-sponsored conference on issues relating to U.S. graduates of foreign medical schools agreed that the alternatives would alleviate many of the problems being encountered in the licensure and credentialing of foreign medical school graduates.

At a second conference, representatives of medical schools located in the Caribbean and Mexico and U.S. advocate groups for foreign medical graduates reached no consensus on the need for either alternative.

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HUMAN RESOURCES
DIVISION

B-200077

The Honorable Claude Pepper
Chairman, Subcommittee on Health
and Long-Term Care
Select Committee on Aging
House of Representatives

Dear Mr. Chairman:

In response to your December 11, 1984, request, we have reviewed federal, state, and private organizations' activities that have taken place since the issuance of our 1980 report,[1] which addressed the problems created by U.S. citizens studying medicine abroad and returning to this country to practice medicine. We have also followed up on our 1980 findings and recommendations and identified issues needing further attention.

Essentially, most of our 1980 findings are applicable to the foreign medical graduate situation as it exists today. None of our 1980 recommendations has been implemented, and the issues that these recommendations were intended to address need further attention. (Our findings are summarized in this letter and detailed in app. I.)

GAO'S 1980 REPORT

In our 1980 report, we noted that despite significant growth in the enrollment capacity of U.S. medical schools, many who applied were not accepted because of the intense competition for a limited number of positions. As a result, substantial numbers of U.S. citizens attended foreign medical schools with the goal of practicing medicine in the United States. We also pointed out that:

--The exact number of U.S. citizens studying medicine abroad was not known. However, we estimated the number to be about 10,000 to 11,000.

[1]Policies on U.S. Citizens Studying Medicine Abroad Need Review and Reappraisal (HRD-81-32, Nov. 21, 1980).

--Much concern existed about the proliferation of foreign medical schools established to attract U.S. citizens who were unable to gain admission to U.S. medical schools and the quality of medical education provided in these schools.

--Because some foreign medical schools did not have access to sufficient clinical training facilities in their own countries, many U.S. students attending medical schools abroad obtained part or all of their undergraduate clinical training in U.S. hospitals through arrangements either they made themselves or the foreign medical school made. Many of the U.S. hospitals in which these students received this training were not teaching hospitals and did not offer clinical training opportunities comparable to those available to U.S. medical school students. State licensing boards in California, Florida, and New York--states we reviewed to identify undergraduate clinical training opportunities provided to U.S. foreign medical students--generally had not approved clinical training programs for foreign medical schools, nor were they aware of the extent to which such programs existed in their states. New Jersey, however, had approved some programs.

--State licensing authorities had no way of adequately assessing the education and training provided in foreign medical schools in deciding whether the applicant was eligible to take the state licensing examination.

--U.S. citizens who graduated from foreign medical schools and sought graduate medical education in the United States were required to take a different examination than that administered to alien graduates even though both groups of individuals may have attended the same foreign medical schools. Some members of the medical profession concluded that the examination for U.S. foreign medical graduates was not adequate to measure their competency to undertake graduate medical training in the United States.

--The Department of Education and the Veterans Administration had provided millions of dollars in financial assistance through guaranteed student loans and educational benefits for several thousand U.S. citizens studying medicine abroad without having adequate criteria to determine if foreign medical schools were comparable to U.S. medical schools.

In our 1980 report, we recommended that:

--The Congress direct the Secretary of Health and Human Services to work with state licensing authorities to develop and implement appropriate mechanisms that would ensure that all foreign medical graduates demonstrate that their medical knowledge and skills were comparable to their U.S.-trained counterparts before being allowed to enter the U.S. health care delivery system. To accomplish this objective, we suggested three alternatives: (1) accredit foreign medical schools; (2) establish a better examination to test all medical graduates--U.S.- and foreign-trained; and (3) establish an organization to accredit the readiness of foreign medical graduates to receive licensure or graduate medical education in the United States.

--The Secretary of Health and Human Services address the practice under which foreign medical students received part or all of their undergraduate clinical training in U.S. hospitals.

--The Secretary of Education issue regulations establishing criteria for implementing the legislative requirement that the Department ensure that foreign medical schools were comparable to U.S. medical schools before authorizing guaranteed student loans.

--The Administrator of Veterans Affairs accept foreign medical schools approved by the Secretary of Education prior to its authorization of educational benefits to qualified veterans, their spouses, and their dependents.

SCOPE AND METHODOLOGY

To follow up on the findings and recommendations in our 1980 report, we interviewed medical licensing authorities in four states that we visited in developing our 1980 report--California, Florida, New Jersey, and New York. We also met with representatives of seven private organizations that are responsible for, among other things, testing and certifying the readiness of foreign medical graduates before they enter the U.S. health care delivery system. We interviewed officials at the Departments of Health and Human Services and Education and the Veterans Administration in Washington, D.C.

In addition, we convened two conferences to discuss issues and possible solutions for alleviating problems relative to foreign medical graduates. The first conference was attended by 33 representatives mostly of federal, state, and private

organizations mentioned above. The second conference was attended by 15 representatives of foreign medical schools located in the Caribbean and Mexico and U.S advocate organizations for foreign medical graduates, such as the Parents League of American Students of Medicine Abroad and the American College of International Physicians, Inc. (See apps. II and III for lists of conferees.)

SUMMARY OF FINDINGS

In summary, we found that:

--No accurate means has been devised to determine the exact number of Americans studying medicine abroad. However, indications are that the number of U.S. citizens attending foreign medical schools has increased since the issuance of our 1980 report. An Education official estimated that between 13,000 and 19,000 U.S. citizens are currently enrolled in foreign medical schools, as compared to the 10,000 to 11,000 estimate discussed in our 1980 report. An official of the Educational Commission for Foreign Medical Graduates, the organization responsible for testing and certifying all foreign medical graduates, stated that the Education official's estimate was reasonable.

--Federal, state, and private organizations continue to be concerned about the adequacy of the training provided in some foreign medical schools as preparation for the practice of medicine in the United States.

--The four states we visited have taken various steps to approve foreign medical schools and/or hospital programs before allowing foreign medical students to participate in undergraduate clinical training in their state.

--State medical licensing boards continue to have difficulty obtaining reliable information about the quality of the education provided to some foreign medical graduates and thus are hampered in making proper licensure decisions.

--Three of the four states we visited have conducted site visits to a number of the same foreign medical schools, but have rendered inconsistent decisions concerning approval or disapproval of these schools for the purpose of allowing their students to participate in undergraduate clinical training in these states.

--The Federation of State Medical Boards formed a commission to collect and validate information from foreign medical schools and disseminate this information to state licensing boards in all 50 states, Guam, Puerto Rico, the Virgin Islands, and the District of Columbia.

--A uniform examination has not been developed for graduates of both U.S. and foreign medical schools. However, the Educational Commission for Foreign Medical Graduates developed a single and more rigorous examination to better assess the proficiency of U.S. and alien foreign medical graduates seeking graduate medical education in the United States.

--The American Hospital Association has undertaken a research project to determine the extent to which U.S. hospitals provide undergraduate clinical training to foreign medical students.

--Education and the Veterans Administration continue to provide millions of dollars in financial assistance to thousands of U.S. citizens studying medicine abroad without having adequate criteria for evaluating foreign medical schools.

We believe that, with the exception of the two findings in our 1980 report relative to the need for an improved examination for foreign medical graduates and the finding regarding the states' lack of approval of undergraduate clinical training, our other 1980 findings are applicable to today's foreign medical graduate situation.

None of the four recommendations in our 1980 report has been implemented. During recent follow-ups on our 1980 recommendations, the Department of Health and Human Services stated that the development of improved procedures for arranging appropriate undergraduate clinical training of U.S. foreign medical students was a matter to be resolved by the private sector and the respective state boards. The Department initiated a national conference in May 1983 on "Emerging Problems in Graduate Medical Education." However, it plans no specific future action to implement our recommendation.

The Department of Education issued regulations that included four criteria necessary for approving foreign medical schools, but a court decision invalidated one of these criteria dealing with the pass rate for American foreign medical students. This criterion was considered the most critical one for approving these schools. VA is attempting to establish its own criteria for approving foreign medical school programs and, consequently, did not implement our recommendation to accept those schools approved by Education.

We recognize that U.S. citizens are free to go abroad to study medicine and that many will continue to do so with the ultimate goal of returning to the United States to practice medicine. We have noted that the states we visited are hampered in making proper licensure decisions because they continue to have difficulty assessing the quality of education of some foreign medical school applicants for licensure and clinical training. Although the states have individually taken actions to deal with these problems, these efforts have been uncoordinated. Because of this, we believe that effective state-by-state resolution of issues relating to licensure and clinical training for foreign medical school applicants may take years to achieve.

Private organizations have taken steps to (1) obtain more information about foreign medical schools for state licensing boards, (2) develop a single and more rigorous examination for all foreign medical graduates, and (3) obtain information concerning U.S. hospitals providing undergraduate clinical training to foreign medical students.

We believe that these private-sector actions are steps in the right direction; however, they may not be sufficient to fully correct the problems. For example, the Federation of State Medical Boards plans to collect, validate, and disseminate, to all 54 licensing jurisdictions, information on the quality of education obtained in foreign medical schools. However, there is no requirement that foreign medical schools cooperate with the Federation. The Federation's efforts would be less effective if some foreign schools choose not to cooperate. Some state licensing boards may elect to recognize applicants from foreign medical schools that choose not to cooperate. In addition, laws in some states may prohibit licensing boards from denying a foreign medical applicant the right to licensure based solely on the fact that the applicant's school chose not to cooperate with the Federation's efforts.

The development of a new examination by the Educational Commission for Foreign Medical Graduates was also an important action. However, some members of the medical profession have cautioned that examinations should not be considered substitutes for a high-quality undergraduate medical education.

The American Hospital Association has a survey project underway to determine the extent to which its member hospitals provide undergraduate clinical training to foreign medical students and the nature of such training. The results of the survey have not yet been compiled, and further Association actions on the results of the project remain to be determined.

The Department of Education and the Veterans Administration continue to have difficulty establishing adequate regulations to approve foreign medical schools for student financial assistance because of litigation initiated by certain of these schools.

We believe that a more coordinated approach is needed to address the wide variety of foreign medical graduate issues. To help bring about such an approach, we believe that the alternatives discussed below should be considered.

At our June 6, 1985, conference, representatives of federal, state, and private organizations involved in foreign medical graduate issues agreed that a more coordinated approach is needed to effectively deal with the many problems posed by such graduates and that both alternatives discussed below should foster such an approach. They generally favored the first alternative, which deals with the accreditation of foreign medical schools, over the second, which deals with reviews of credentials of individual graduates. At our June 26, 1985, conference, representatives of medical schools located in the Caribbean and Mexico and U.S. advocate groups for foreign medical graduates reached no consensus on the need for either alternative. They believed that a requirement for foreign medical school graduates to take the same examination as graduates of U.S. medical schools should reduce inequities that now exist between foreign medical school graduates and graduates of U.S. schools.

ALTERNATIVES FOR ALLEVIATING PROBLEMS PRESENTED BY FOREIGN MEDICAL GRADUATES

Alternative 1

Federal legislation could authorize the Secretary of Health and Human Services to accredit foreign medical schools. States could then use the Secretary's accreditation determinations in considering licensure applications from foreign medical school graduates. Private sector organizations could also use the determinations in considering applications from foreign medical school graduates for graduate medical education in the U.S. To help achieve the necessary coordination and cooperation of the private-sector the Secretary should arrange to use the services of a private organization, such as the Liaison Committee on Medical Education (the accrediting body for U.S. medical schools) in the development and implementation of the Secretary's program. The Secretary, in turn, should accept the decisions of accrediting bodies which the Secretary approves in other countries. Medical schools that are located in countries

not having an accrediting body acceptable to the Secretary and that would like some of their graduates to be able to practice medicine in the United States could have the option of

--seeking the establishment of an accrediting body in their country or

--contracting with an already approved accrediting body in the United States or elsewhere to assure that the schools in question are properly accredited.

The advantages of this alternative are that it could

--diminish the current concern over the adequacy and appropriateness of the training provided by foreign medical schools,

--reduce the amount of verification of applicants' credentials required and thus conserve state and private resources now devoted to this effort,

--eliminate the need for Education and the Veterans Administration to develop criteria for assuring the comparability of education between foreign medical schools and U.S. institutions, and

--discourage U.S. citizens from attending unaccredited foreign medical schools if they plan to practice medicine in the United States.

A principal disadvantage of this alternative is that it would require the Secretary to endorse the accrediting bodies of other countries.

Alternative 2

Federal legislation could authorize the Secretary of Health and Human Services to review the credentials of foreign medical school graduates. States could then use the results of the Secretary's credentials reviews in considering licensure applications from foreign medical school graduates. Similarly, private organizations could use these results in considering foreign medical school applicants for entry into U.S. graduate medical education. In the Secretary's development and implementation of the program, the Secretary should arrange to use the services of a national private-sector organization, such as the Educational Commission for Foreign Medical Graduates, which currently administers an examination for foreign medical graduates. Such an organization could review and verify the individual's credentials in accordance with standards established by the Secretary in cooperation with the

organization. The organization could also make site visits to foreign medical schools, if necessary, to determine the adequacy of their educational programs. The results of the credentials reviews would be transmitted to those medical licensing boards or hospital training directors designated by the applicant, to be used in their decision-making process.

The advantages of this alternative are that it would

--give state licensing authorities and hospital training directors the best information available on which to base their decisions for licensure or graduate medical education and

--reduce the volume of work required by the states, eliminate duplication of work by different states, and eliminate the need for various states to make site visits to the same foreign medical schools.

State licensing boards would, of course, not be prohibited from obtaining additional information under either alternative.

We did not attempt to determine the federal government's costs to implement and carry out the functions under the proposed alternatives. However, we believe that the costs to carry out the functions of alternative 1 should be substantially less than those of alternative 2 and should decrease after the Secretary has initially approved foreign accrediting bodies.

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We conducted our work in accordance with generally accepted government auditing standards. As requested by your office, however, we did not obtain official comments on this report. However, we discussed both alternatives with responsible officials of the Department of State, the National Institutes of Health, the Liaison Committee on Medical Education, the Educational Commission for Foreign Medical Graduates, the American Medical Association, and the Federation of State Medical Boards of the United States, and they agreed with the alternatives. Department of Health and Human Services representatives would not offer an opinion on the alternatives without seeing their specific wording.

Unless you publicly announce its contents earlier, we plan no further distribution of this report until 30 days from its issue date. At that time, we will send copies to the Chairman, Subcommittee on Health, Senate Committee on Finance; the Chairman, Subcommittee on Employment and Productivity, Senate Committee on Labor and Human Resources; individual Congressmen who have requested copies; the Director, Office of Management and Budget; the Secretary of Health and Human Services; the Secretary of Education; the Administrator of Veterans Affairs; the Secretary of State; and the entities responsible for the education, testing, and licensure of physicians in the United States. We will also make copies available to others upon request.

Sincerely yours,

Richard L. Fogel

Richard L. Fogel
Director

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ABBREVIATIONS

AHA	American Hospital Association
AMA	American Medical Association
ED	Department of Education
GAO	General Accounting Office
HHS	Department of Health and Human Services
OMB	Office of Management and Budget
VA	Veterans Administration

FEDERAL, STATE, AND PRIVATE ACTIVITIES PERTAINING TO U.S. GRADUATES OF FOREIGN MEDICAL SCHOOLS

BACKGROUND

In the past, U.S. citizens unable to gain admission to U.S. medical schools generally attended European schools. However, in recent years, newly established medical schools in the Western Hemisphere, particularly in the Caribbean, have attracted many U.S. students. Much concern has been expressed over the quality of education provided by some of these medical schools. Questions have been raised specifically about the adequacy and appropriateness of that educational experience as a preparation for practicing medicine in the United States.

On December 7, 1984, the Chairman, Subcommittee on Health and Long-Term Care, House Select Committee on Aging, held hearings at which we provided testimony on our 1980 report, entitled Policies on U.S. Citizens Studying Medicine Abroad Need Review and Reappraisal (HRD-81-32, Nov. 21, 1980). In a December 11, 1984, letter, the Chairman requested that we review federal, state, and private organizations' activities pertaining to the problems created by U.S. citizens studying medicine abroad since the issuance of our report. We were also requested to determine which of our 1980 findings and recommendations are still applicable and identify problems needing further attention.

PRIOR GAO REPORT

In 1980, we reported on some of the problems created by U.S. citizens studying medicine abroad and returning to this country for licensure and graduate medical education. Our report noted that:

--An estimated 10,000 to 11,000 U.S. citizens were studying medicine abroad, with many of them having the goal of returning to this country to practice medicine.

--Much concern existed about the proliferation of foreign medical schools established to attract U.S. citizens who were unable to gain admission to U.S. medical schools and the quality of medical education provided in these schools.

--Many U.S. citizen foreign medical students attending medical schools abroad obtained part or all of their undergraduate clinical training in U.S. hospitals through arrangements either they made themselves or the foreign medical school made. California, Florida, and New York state licensing boards generally had not approved clinical training programs for foreign medical schools, nor were they aware of the extent to which such programs existed in their state. New Jersey, however, had approved some programs.

--State licensing authorities had no way of adequately assessing the education and training provided in foreign medical schools in deciding whether the applicant was eligible to take the state licensing examination.

--U.S. foreign medical graduates seeking graduate medical education in the United States were required to take a different examination than that administered to alien graduates even though both groups of individuals may have attended the same foreign medical schools. Some members of the medical profession concluded that the examination for U.S. foreign medical graduates was not adequate to measure their competency to undertake graduate medical training in the United States.

--The Department of Education (ED) and the Veterans Administration (VA) had provided millions of dollars in financial assistance through guaranteed student loans and educational benefits for several thousand U.S. citizens studying medicine abroad without having adequate criteria to determine if foreign medical schools were comparable to U.S. medical schools.

In our 1980 report, we recommended that:

--The Congress direct the Secretary of Health and Human Services (HHS) to work with state licensing authorities to develop and implement appropriate mechanisms that would ensure that all foreign medical graduates demonstrate that their medical knowledge and skills were comparable to their U.S.-trained counterparts before being allowed to enter the U.S. health care delivery system. To accomplish this objective, we suggested three alternatives: (1) accredit foreign medical schools; (2) establish a better examination to test all medical graduates--U.S.- and foreign-trained; and (3) establish an organization to accredit the readiness of foreign medical graduates to receive licensure or graduate medical education in the United States.

--The Secretary of HHS address the practice whereby foreign medical students received part or all of their undergraduate clinical training in U.S. hospitals.

--The Secretary of Education issue regulations establishing criteria for implementing the legislative requirement that ED ensure that foreign medical schools were comparable to U.S. medical schools before authorizing guaranteed student loans.

--The Administrator of Veterans Affairs accept foreign medical schools approved by the Secretary of Education prior to its authorizing educational benefits to qualified veterans, their spouses, and their dependents.

OBJECTIVES, SCOPE, AND METHODOLOGY

The objectives of this review were to determine (1) the many ongoing activities of various state, federal, and private organizations concerned with problems created by U.S. citizens studying medicine abroad and returning to this country for licensure and graduate medical education, (2) the 1980 findings and recommendations that are still applicable, and (3) problems that need further attention.

To determine state activities regarding these issues, we interviewed medical licensing officials in the same four states that we selected for review in developing our 1980 report--California, Florida, New Jersey, and New York. We also selected these four states because they licensed about 4,300 foreign medical graduates in 1984. In addition, nine foreign medical schools have requested undergraduate clinical training for their students in hospitals located in these four states. To obtain information concerning the general activities of all 50 states, Guam, Puerto Rico, the Virgin Islands, and the District of Columbia, we interviewed officials of the Federation of State Medical Boards of the United States, Inc., in Fort Worth, Texas, which represents the 54 licensing jurisdictions.

To identify the activities of private organizations, we met with representatives of the National Board of Medical Examiners, which is responsible for testing U.S. medical students, and the Educational Commission for Foreign Medical Graduates, which is responsible for testing all foreign medical students, both located in Philadelphia. In addition, we interviewed officials of the American Medical Association (AMA), the American Hospital Association (AHA), and the Joint Commission on Accreditation of Hospitals at their headquarters in Chicago. We also met with officials of the Association of American Medical Colleges and contacted an official of the Liaison Committee on Medical

Education, which is responsible for accrediting U.S. medical schools, in Washington, D.C.

To ascertain the extent of federal activities and the amount of federal financial assistance provided to U.S. citizens attending foreign medical schools, we reviewed programs at ED and VA headquarters in Washington, D.C. We interviewed officials of ED's Guaranteed Student Loan Program and the Division of Eligibility and Agency Evaluation. We obtained and analyzed a computerized listing to determine the number of U.S. citizens who had received federally insured loans to study medicine abroad since 1980. We interviewed officials of VA's Division of Veterans' Benefits and Education Services and the Division of Affiliated Education Program Services. We also interviewed VA's Assistant Chief Medical Director for Academic Affairs. We obtained and analyzed a computerized listing to determine the number of veterans, their spouses, and dependents who received educational benefits to study medicine abroad since 1980.

After meeting with or contacting the above state, private, and federal representatives individually, we convened two conferences on foreign medical graduates in the Washington, D.C., area. The June 6, 1985, conference was attended by 33 individuals representing federal, state, and private organizations involved with foreign medical students' issues. The purpose of this meeting was to have the various representatives share information about their activities to deal with the problems associated with foreign medical graduates and to determine the extent to which they could reach agreement on future actions that should be taken to help resolve some of the problems they identified, such as their inability to evaluate the quality of education provided in some foreign medical schools.

The second conference, held on June 26, 1985, was attended by 15 individuals representing foreign medical schools and U.S. organizations that serve as advocates for foreign medical graduates. The purpose of this meeting was to give these individuals an opportunity to present their side of the issues, along with any suggestions for resolution.

Our audit staff was assisted by GAO's Chief Medical Advisor throughout this assignment. He was involved in all interviews with state medical licensing boards and private organizations. He also chaired the GAO conferences on foreign medical graduates.

We conducted our work in accordance with generally accepted government auditing standards. As agreed with the Chairman's office, we did not obtain official comments on this report. We did, however, discuss the proposed alternatives with representatives of most of the organizations concerned with these issues, and their views are included as appropriate.

MANY U.S. CITIZENS ATTEND FOREIGN MEDICAL SCHOOLS

All indications are that the number of U.S. citizens attending foreign medical schools has increased since our 1980 report. An Association of American Medical Colleges official stated that many U.S. citizens who are not selected for admission to U.S. medical schools are enrolling in foreign schools, most of which are located in the Caribbean or Mexico and operated for profit. This official also stated that the number of first-year positions in U.S. medical schools has declined by 515 over the past 5 years.

No accurate means has been devised to determine the exact number of Americans currently studying medicine abroad; however, an ED official estimated that between 13,000 and 19,000 U.S. citizens currently attend foreign medical schools. An official of the Educational Commission for Foreign Medical Graduates, which is responsible for testing and certifying all foreign medical graduates, stated that the Education official's estimate was reasonable.

In the United States, there is an established accrediting body that evaluates the quality of education provided by U.S. medical schools, including their clinical training programs conducted in U.S. hospitals which are approved for teaching purposes. The accrediting body, the Liaison Committee on Medical Education, consists of representatives from AMA, the Association of American Medical Colleges, the federal government, and the public. According to officials of the Liaison Committee and the Council on Accreditation of Post-Secondary Education, in many countries there is no such accrediting body.

Upon arriving in the United States, foreign medical graduates present a number of problems for the organizations that must determine their readiness to enter the U.S. health care system. This is due to the difficulty encountered in obtaining detailed descriptive information about the adequacy of the medical education provided by some foreign medical schools. Accordingly, state medical licensing boards and other U.S. organizations are faced with the difficult task of evaluating the educational programs of many foreign medical schools.

STATES TAKE STEPS TO IMPROVE LICENSING PROCEDURES FOR FOREIGN MEDICAL GRADUATES

State medical licensing boards find it difficult to make adequate licensing decisions for some foreign medical graduates because of the problem involved in assessing the quality of their education. Because there is often no accrediting body comparable to the Liaison Committee to approve the educational programs of some foreign medical schools, state boards frequently have no accrediting organization from which they can obtain detailed descriptive information on these schools, including their facilities, faculty, and program content. With limited resources, no one state licensing board can undertake a complete evaluation of hundreds of medical schools abroad from which their applicants have graduated. In 1984, California, Florida, New Jersey, and New York licensed about 4,300 foreign medical graduates. These states have also had nine foreign medical schools seek approval for their students to participate in undergraduate clinical training. In addition, three states have been involved in extensive litigation resulting from attempts to deny licensure to some foreign medical graduates.

Four states licensed many foreign medical graduates

Between 1980 and 1983, California, Florida, New Jersey, and New York were among 11 states in which 500 or more foreign medical graduates received initial licenses, according to AMA published data. In 1984, these four states licensed about 4,300[1] foreign medical graduates. California licensed about 5,000 physicians, of whom some 1,500 (30 percent) were foreign medical graduates. Florida licensed 1,953 physicians. Of that number, 816 (42 percent) were foreign medical graduates; 140 (17 percent) were U.S. foreign medical graduates. New Jersey licensed 1,858 physicians. Of these, about 360 (19 percent) were foreign medical graduates. New York licensed about 4,000 physicians, of whom about 1,600 (40 percent) were foreign medical graduates.

Four states' licensure requirements for foreign medical graduates

Since our 1980 report, California, Florida, New Jersey, and New York have established some new licensure requirements for

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[1]Data distinguishing U.S. and alien foreign medical graduates were not readily obtainable from three of the four states.

foreign medical graduates. While each of the four states require passage of the Federation of State Medical Boards' licensing examination, other state requirements vary. While it is generally acknowledged that examinations are important tools for evaluating foreign medical graduates' suitability for entry into the U.S. health delivery system, officials of several involved private sector medical organizations told us that examinations cannot substitute for rigorous undergraduate medical training.

Table I.1 shows the variations in prerequisites for licensure of foreign medical graduates in the four states we visited:

Table I.1

Medical Licensure Requirements for Foreign Graduates as of July 1985

State	Require Federation's licensing examination	Require medical school's curriculum not be less than 32 months	Require 2 years of premedical education	Educational Commission certification required for licensure	Years of graduate medical education required for licensure
California	Yes	Yes[1]	No	No[2]	1
Florida	Yes	No	No	Yes	1[3]
New Jersey	Yes	Yes	Yes	No[4]	3
New York	Yes	Yes	Yes	Yes	3[5]

[1]Require a minimum of 36 months and the completion of 23 specific courses.

[2]Will require on or after June 1, 1986, if proposal to amend existing legislation is approved.

[3]Applicant may substitute 5 years of licensed practice for this requirement.

[4]Not required for licensure, but is required for participation in graduate medical education.

[5]A New York official told us that 3 years are required to compensate for any deficiencies in the medical curricula of foreign schools.

Review committees

Two of the four states have established foreign medical graduate committees. In August 1983, Florida established a

special committee to review the credentials and make recommendations to the board concerning all foreign medical school applicants. Since its inception, the committee has interviewed about 250 U.S. and alien foreign applicants, according to one official. Florida officials also told us that the Committee has interviewed a number of applicants who indicated attendance at five medical schools in four different countries.

Some individuals applying for medical licensure have not received any hospital training. Another applicant, while being interviewed, could not spell the name of his medical school. In another case, an applicant was denied licensure because the Committee doubted the validity of his credentials. The applicant initiated litigation, and Florida lost the case because the state law requires only that the applicant show proof of graduation. The licensing board is prohibited from researching the credentials or enacting any rules that are inconsistent with the state law. Likewise, New Jersey formed a foreign medical graduate credentialing committee in May 1984 that selectively interviews foreign graduates. A state official told us that since its inception, the committee has interviewed about 300 U.S. and alien foreign medical applicants.

Steps to monitor undergraduate clinical training programs

The four states we visited have all taken steps to better control the undergraduate clinical training provided to foreign medical students in their states. Because some foreign medical schools do not have access to sufficient clinical training facilities in their own countries, some foreign medical students receive part or all of their undergraduate clinical training in U.S. hospitals.

In our 1980 report, we pointed out that many of the U.S. hospitals in which these students receive this training were not teaching hospitals and did not offer clinical training opportunities comparable to those available to U.S. medical school students. Further, we found that state medical boards we contacted generally had not approved these clinical training programs, nor were they aware of the extent to which such training existed in their states.

Since November 1984, Florida has required that foreign medical graduates applying for a license in the state must have performed their U.S. clinical training in a hospital affiliated with a medical school having an approved clinical training program. According to a Florida official, the state has denied licensure to 15 applicants who failed to meet this requirement.

New York, California, and New Jersey also require that clinical training be provided in teaching hospitals and that only students of approved foreign medical schools may obtain undergraduate clinical training in their states. However, according to a New York official, New York will accept clinical training experience obtained in another state even though that other state may not have approved such training.

California, New Jersey, and New York may require, as part of the approval process, that foreign medical schools allow state officials to make an on-site survey visit to the school. According to a state official, the Florida state licensing board does not have statutory authority to approve foreign medical schools. In 1984, the Board recommended legislation for this purpose, but it was not enacted. Medical board officials in the other three states told us that site visits are made at the school's expense.

According to New York officials, seven schools have received site visits resulting from requests to allow students to obtain undergraduate clinical training in the state. California has also conducted several site visits to foreign medical schools. New Jersey received requests from six foreign medical schools seeking approval for their students to perform clinical training in the state and has made site visits to those schools.

California, New Jersey, and New York have made site visits to six of the same foreign medical schools, but the approval of these schools has not been consistent. In one case, New Jersey and New York disapproved a foreign medical school that California approved. In another instance, California and New Jersey approved a foreign medical school that New York disapproved. Several foreign medical school representatives told us that states do not have uniform evaluation criteria; consequently, the decision to approve or disapprove a school depends on which state is conducting the evaluation and what individuals are on the evaluation team.

California, New Jersey, and New York have developed additional requirements for foreign medical students performing undergraduate clinical training in their states. California requires a written examination and a comprehensive, oral clinical evaluation before the student can begin clinical training. New Jersey and New York require students to take an examination which covers the basic medical sciences, but New York's requirement pertains only to students whose training period is 12 or more weeks.

Three states involved in litigation

North Carolina, Ohio, and Missouri are involved in extensive litigation as a result of attempts to deny licensure to some foreign medical graduates. All cases were pending final decisions as of the end of July 1985.

According to a Federation of State Medical Boards' official, North Carolina's state board members are being sued individually by a foreign medical school located in the Caribbean and two of its graduates after it was determined that the Board, as an entity, could not be sued. North Carolina denied licensure to two graduates after it decided that there was insufficient information about the medical education provided at that school.

In May 1984, the Ohio state medical board was sued by a number of persons in a class action suit who received their medical education from schools located in or bordering on the Caribbean and/or the Gulf of Mexico. Ohio refused licensure to the individuals on the basis that their schools were not listed in the 1970 or earlier editions of the World Health Organization's Directory of World Medical Schools and that these schools have not been recognized by the Ohio board as medical schools. The plaintiffs are claiming two causes of action--antitrust and civil rights violations.

Two Missouri cases resulted from the medical board's denial of licensure for three graduates of a foreign medical school formerly located in the Dominican Republic until it was closed in 1984. The Board's denial resulted from its determination that the school was not reputable. The plaintiffs allege that, among other things, the Board has no definition of a reputable school.

PRIVATE ORGANIZATIONS INCREASE EFFORTS TO MITIGATE THE FOREIGN MEDICAL GRADUATE PROBLEMS

Since the issuance of our 1980 report, two private organizations--the Federation of State Medical Boards of the United States, Inc., and the Educational Commission for Foreign Medical Graduates--have taken steps to better control the licensure and examination of foreign medical graduates. In addition, AHA has initiated a study to elicit better information on the extent of undergraduate clinical training provided to foreign medical students in the United States.

Better information forthcoming for state licensure

The Federation of State Medical Boards, a national organization that represents licensing boards of the states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands, formed a commission on foreign medical education to obtain and disseminate better information about the quality of education offered by foreign medical schools. After its April 1984 annual meeting, the Federation formed the commission in response to member boards' concern over the lack of complete information necessary to make licensure decisions on increasing numbers of graduates from foreign medical schools. All 54 licensing jurisdictions signed letters of agreement empowering the commission to obtain this information on their behalf.

The commission's specific goal is to systematically collect and validate information about foreign medical schools using two survey instruments. The commission proposes to validate the survey responses by making site visits to the schools. Four site visit teams, comprised of four members each, will carry out the validation process.

Because some foreign medical schools arrange for undergraduate clinical training for their students in different facilities in several different states, site visits to each facility will be necessary to validate the data provided. The Federation proposes to use members of the state licensing boards located in the same jurisdictions as the training facilities to perform the validation process.

The Federation officials stated that this data collection and validation process is necessary so that its member licensing boards may adhere to the four prerequisites required before a license can be granted to a candidate for the independent practice of medicine. The candidate for licensure must

--possess acceptable personal attributes,

--have successfully completed the curriculum of a medical school approved by the licensing board,

--have obtained a passing grade on a medical licensing examination, and

--successfully complete a specific period of training in an approved clinical program after graduation from medical school (1 to 3 years).

The Federation estimates that the collection and validation process will cost $15,000 to $22,000 per school and will request that the cost be borne by the foreign medical schools. This estimate does not include site visits to the clinical training facilities located in the United States. Federation officials also stated that state licensing boards may elect to refuse licensure to graduates of any foreign medical school that chooses not to cooperate with this effort.

New examination for foreign medical graduates

The Educational Commission for Foreign Medical Graduates and the National Board of Medical Examiners developed a new examination--the Foreign Medical Graduate Examination in the Medical Sciences--for all foreign medical graduates.

In our 1980 report, we pointed out that an Association of American Medical Colleges' task force concluded that the examination used to measure the competency of foreign medical graduates desiring to undertake graduate medical training in the United States was not adequate. We also reported that alien and U.S. foreign medical graduates seeking graduate education in this country took different examinations even though they may have attended the same foreign medical school. The new examination is designed to correct this inconsistency.

The new 2-day examination, designed to assess the medical proficiency of both U.S. and alien foreign medical graduates in the basic and clinical sciences, replaced the old examination for U.S. foreign medical graduates and the Visa Qualifying Examination required by Public Law 94-484 for all alien foreign medical graduates seeking graduate education in this country.

In our 1980 report, we also pointed out that from 1975 to 1979 the pass rate for those taking the examination for U.S. citizens from foreign medical schools ranged from 34 to 41 percent, according to published data. According to National Board of Medical Examiners' officials, the pass rate was higher for first-time takers than repeaters; there was no limit to the number of times this examination could be taken.

The new examination has been administered three times since it was developed--July 1984, January 1985, and July 1985. Only the results from the first administration of the new examination (July 1984) have been published. According to published data, 12,388 individuals were tested worldwide. Of that number, 2,451 (19.8 percent) were U.S. citizens, and 1,028 U.S. citizens (41.9 percent) were first-time takers. The remaining 1,423 U.S. citizens were repeaters, having taken the old examination

earlier. Of the 1,028 U.S. citizens taking the new examination for the first time, 149 took both Part I (basic sciences) and Part II (clinical sciences), and 38 (26 percent) passed. Individuals must pass both parts as well as an English examination to obtain certification. In the second and third administration of the new examination, about 13,000 and 18,000 individuals, respectively, registered for these examinations. According to a National Board of Medical Examiners' official, it will take 2 to 3 years of tracking and monitoring the results of the new examination before any meaningful conclusions regarding a reliable pass rate can be reached.

American Hospital Association study

At present, little is known about the number of U.S. hospitals that provide undergraduate clinical training for students enrolled in foreign medical schools. AHA has undertaken a research project to determine the extent that such training is provided by U.S. hospitals and the nature of the training. The project began in early 1984, and completion is expected in the fall 1985.

The project has two phases. In the initial phase, AHA surveyed 7,165 U.S. hospitals, asking if the institution ever provided clinical training. During the second phase, AHA sent a questionnaire to hospitals that responded affirmatively to the survey as well as to hospitals not responding. The questionnaire addresses, among other things, student screening and evaluation, payment to the hospital for training provided, the disciplines in which training is provided, supervision of the foreign medical student, and the institution's reasons for providing clinical training to foreign medical students. AHA will aggregate the final results of this survey and report on them.

ED AND VA PROVIDE FEDERAL FINANCIAL ASSISTANCE TO U.S. FOREIGN MEDICAL STUDENTS

U.S. citizens desiring to attend foreign medical schools are eligible for federal financial assistance under two principal government programs. ED administers the Guaranteed Student Loan Program, which, among other things, provides financial assistance to U.S. citizens studying medicine abroad. ED has directly insured almost 3,000 loans amounting to over $9 million in the past 5 years. Similarly, VA provided almost $4 million in educational benefits to qualified veterans, their spouses, and dependents to attend foreign medical schools. Both ED and VA are legally required to approve foreign medical schools before granting U.S. citizens loans and benefits. Both

have attempted to develop criteria for approving these schools; however, these agencies continue to authorize loans and benefits without having adequate evaluation criteria.

Guaranteed Student Loan Program

Title IV of the Higher Education Act of 1965 (Public Law 89-329) established a national program of guaranteed student loans and emphasized the need to establish guarantee agencies to insure loans. The federal government was directed to (1) reinsure guarantee agency loans or (2) directly insure student loans when the borrower did not have access to a guarantee agency. Under this program, a graduate or professional student may borrow up to $5,000 per academic year and a maximum of $25,000 for educational purposes.

In July 1984, ED ceased direct insuring of student loans because of a significant increase in the involvement of guarantee agencies and the resulting decline in the volume of loans directly insured by the government. In fiscal year 1983, 3 percent of the total guaranteed student loan volume was directly insured by the federal government compared to 58 percent in fiscal year 1973.

Based on ED's information, we determined that from January 1980 through December 1984, ED directly insured over 2,600 loans amounting to $9.3 million to U.S. foreign medical students. Of the $9.3 million, $8 million (87 percent) was loaned to U.S. citizens attending two foreign medical schools. U.S. citizens attending the University of Central Del Este in the Dominican Republic received $5.9 million in loans, while students at the Autonomous University of Guadalajara in Mexico received $2.1 million. The other $1.2 million was loaned to U.S. citizens studying medicine at 30 other foreign medical schools.

Education officials told us that data regarding reinsured loans for U.S. foreign medical students would have to be obtained from each state guarantee agency. ED officials told us that this information could not be compiled in time for the issuance of this report.

Loans to U.S. citizens studying at foreign medical schools constitute a small part of the overall Guaranteed Student Loan Program. ED reported that, in fiscal year 1984, 3.4 million loans were guaranteed amounting to about $8 billion under the entire program.

VA's educational benefits

Under VA's educational assistance program (38 U.S.C. chapters 34 and 35), eligible veterans, their spouses, and dependents may receive educational benefits while attending approved foreign schools. The amount of educational assistance varies according to the veteran's earned benefits. However, the VA Administrator may deny or discontinue educational assistance upon finding that such enrollment is not in the best interest of the individual or the government (38 U.S.C. 1676 and 1723). During the period January 1980 to July 1985, VA disbursed about $3.7 million in educational benefits to 561 eligible persons to attend foreign medical schools.

ED and VA do not have adequate criteria for approving foreign medical schools

ED and VA have attempted to establish criteria to evaluate foreign medical schools, but acceptable criteria still do not exist.

Before guaranteeing loans to U.S. citizens, ED must determine that foreign medical schools are comparable to U.S. institutions of higher education or vocational schools (section 435(a)(3), title IV, Higher Education Act of 1965, as amended). To comply with this requirement, ED published final regulations on February 25, 1983, which delineated four specific criteria foreign schools had to meet: (1) at least 50 percent of the school's American students taking the Educational Commission for Foreign Medical Graduates' examination must have passed during the most recent 24-month period for which data are available, (2) the school must provide not less than 32 months of clinical and classroom education, (3) the school must have graduated at least two classes, and (4) the school must be listed on the World Health Organization's "World Directory of Medical Schools."

ED's attempt to implement these regulations resulted in a lawsuit. In April 1983, the University of Central Del Este, a Dominican Republic medical school, which had about 1,500 U.S. students at that time, challenged ED's regulations in the U.S. District Court for the District of Columbia. Central Del Este's major contention was that the 50-percent pass rate on the Educational Commission for Foreign Medical Graduates' examination was unreasonable. In July 1983, a court decision supported Central Del Este's claim that the 50-percent pass rate was without rational basis, arbitrary, and capricious. The Secretary was ordered to reconsider this part of the regulation.

Since the time that the Secretary was ordered to reconsider the regulation, the examination from which the pass rate was derived changed. According to ED officials, it will take at least 2 years of experience with the new examination before the Secretary can determine a rational pass rate. ED has implemented the other three criteria, but ED officials stated that the 50-percent pass rate was most critical for determining the comparability of foreign medical schools to U.S. institutions because it measured the skills of the graduate rather than the standards of the school.

The VA currently approves foreign medical schools' programs using the following criteria: the school must (1) be an institution of higher learning, (2) have a course of study that leads to a college degree or its equivalent, (3) have been in operation at least 2 years, (4) agree not to charge U.S. students higher tuition rates than other foreign students, (5) agree to maintain student records, and (6) agree not to use deceptive advertising.

On March 7, 1984, VA submitted new regulations for approving foreign medical programs to the Office of Management and Budget (OMB) for its approval. VA's criteria included three of ED's four criteria, but excluded the 50-percent pass rate criterion. Although OMB recognized that this criterion had been invalidated by the courts because of the lack of scientific evidence, it believed that data existed to justify that 50 percent was a reasonable pass rate and directed VA to include this criterion in its proposed regulations.

OMB also requested that VA confer with representatives of the Departments of ED, HHS, and State to determine whether a consistent federal policy was desirable and feasible in this area. OMB directed VA to submit a proposal for developing and implementing a consistent federal policy, if VA found that such a policy was desirable and feasible; otherwise, VA was required to adopt all four of ED's criteria, including a scientifically justifiable pass rate, and resubmit its proposed regulation.

In October 1984, VA notified OMB that it had met with all the representatives, except the Department of State. The consensus of the representatives attending the meeting was that a consistent federal policy was not desirable or feasible because the VA and ED programs are not uniform in purpose or approach. For example, VA provides benefits based on military service while ED grants repayable loans. Necessary differences in the structure of the programs would make a universal approach difficult to formulate. The representatives concurred that the most effective method to ensure uniform federal policy would be to enact federal legislation.

After learning that ED would require at least 2 years before a scientifically justifiable pass rate could be developed, VA officials agreed that they could not wait for such data to become available. Consequently, VA requested OMB to reconsider its original proposal submitted in March 1984. As of September 20, 1985, OMB had not approved VA's proposed regulations. At present VA continues to approve foreign medical schools' programs with criteria that are not specific to foreign medical training, nor do the criteria attempt to measure the skills of graduates or the standards of the medical school.

GAO CONFERENCES ON FOREIGN MEDICAL GRADUATES

After meetings with several federal, state, and private agency representatives throughout the country, we convened two conferences on foreign medical graduates. The two conferences were designed to obtain the collective views of representatives of federal, state, and private organizations as well as representatives of foreign medical schools and U.S. organizations that serve as advocates for these students. Our major objectives in conducting these conferences were to allow representatives at each conference to (1) share information about their individual efforts to deal with the problems presented by those who had studied medicine abroad and were applying to practice medicine in this country, (2) identify and arrive at some consensus regarding the major issues confronting them, and (3) determine the extent to which it might be possible to reach agreement on an approach to alleviate these problems. To facilitate candid discussion, we pledged confidentiality to all conferees with regard to statements made by individual representatives and agreed to present only information for which a consensus was reached.

At the first conference, held June 6, 1985, representatives of federal, state, and private organizations reached a consensus on several issues. First, the conferees agreed that obtaining factual and reliable data on the quality of education provided by some foreign medical schools is still very difficult and in some cases impossible. Second, while state licensing boards and private and federal agencies have all taken steps to better control the problems presented by some foreign medical graduates, a more coordinated, cohesive approach was needed to alleviate the current problems. Third, licensure is a legal function of the states, and no direct federal intervention was desired.

The second conference, held June 26, 1985, was attended by representatives of foreign medical schools and U.S. advocate groups for foreign medical graduates. The conferees reached consensus on the need for a single examination to reduce inequities that now exist between graduates of foreign medical schools and graduates of U.S. schools.

SUMMARY AND CONCLUSIONS

Federal, state, and private agencies continue to be concerned about the adequacy and appropriateness of the medical education provided in some foreign medical schools as preparation for practicing medicine in the United States. While these agencies have taken steps to better control the problems presented by some foreign medical graduates, a more concerted and coordinated effort is needed.

State medical licensing boards are concerned over the lack of factual information necessary to make adequate licensure decisions concerning some foreign medical graduates. State medical boards possess neither the resources nor, in one case, the statutory authority to evaluate and approve hundreds of foreign medical schools; however, they have endeavored to take steps to address some of the problems. We believe that, except for the two findings in our 1980 report relative to the examination for foreign medical graduates and the finding regarding the states' approval of undergraduate clinical training, our 1980 findings are applicable to the foreign medical graduate situation as it exists today.

None of the four recommendations in our 1980 report has been implemented. During recent follow-ups on our 1980 recommendations, HHS stated that the development of procedures for arranging appropriate undergraduate clinical training of U.S. foreign medical students was a matter to be resolved by the private sector and the respective state boards. HHS initiated a national conference in May 1983 on "Emerging Problems in Graduate Medical Education." However, it plans no specific future action to implement our recommendation.

ED issued regulations that included four criteria necessary for approving foreign medical schools, but a court decision invalidated one of these criteria dealing with the pass rate for American foreign medical students. This criterion was considered the most critical one for approving these schools. VA is attempting to establish its own criteria for approving foreign medical school programs; as a result, it did not implement our recommendation to accept those schools approved by ED.

Because none of our 1980 recommendations has been implemented, we believe that the issues these recommendations were intended to correct need further attention.

We recognize that U.S. citizens are free to go abroad to study medicine and that many will continue to do so with the ultimate goal of returning to the United States to practice medicine. We have noted that the states we visited are hampered in making proper decisions because they continue to have difficulty assessing the quality of education of some foreign medical school applicants for licensure and clinical training. Although the four states we visited have individually taken actions to deal with these problems, these efforts have been uncoordinated. Because of this, we believe that the effective resolution of issues relating to licensure and clinical training for foreign medical school applicants may take years to achieve on a state-by-state basis.

Private organizations have taken steps to (1) obtain more information about foreign medical schools for state licensing boards, (2) develop a single and more rigorous examination for all foreign medical graduates and (3) obtain information concerning U.S. hospitals providing undergraduate clinical training to foreign medical students.

We believe that these private-sector actions are steps in the right direction; however, they may not be sufficient to fully correct the problems. For example, the Federation of State Medical Boards plans to collect, validate, and disseminate information obtained from foreign medical schools to all 54 licensing jurisdictions. However, there is no requirement that foreign medical schools cooperate with the Federation. The Federation's efforts would be less than effective if some foreign schools choose not to cooperate. Also, because licensure requirements differ among the licensing jurisdictions, licensing boards may elect to recognize applicants from foreign medical schools that choose not to cooperate with the Federation. In addition, laws in some states may prohibit licensing boards from denying foreign medical school applicants the right to licensure solely because the applicant's school chose not to cooperate with the Federation's efforts.

The development of a new examination for all foreign medical graduates was an important action. However, some members of the medical profession have cautioned that examinations should not be considered substitutes for high quality undergraduate medical education.

AHA's survey of U.S. hospitals should help identify those hospitals that provide undergraduate clinical training to

foreign medical students. The results of the survey have not been compiled, and further AHA actions remain to be determined.

ED and VA continue to have difficulty establishing adequate regulations to approve foreign medical schools for student financial assistance because of litigation initiated by certain of these schools.

We believe that a more coordinated approach is needed to deal effectively with the wide variety of issues now being addressed by various federal, state, and private sector organizations. To help bring about such an approach, we believe that the following alternatives should be considered.

ALTERNATIVES FOR ALLEVIATING PROBLEMS PRESENTED BY FOREIGN MEDICAL GRADUATES

Alternative 1

Federal legislation could authorize the Secretary of Health and Human Services to accredit foreign medical schools. States could then use the Secretary's accreditation determinations in considering licensure applications from foreign medical school graduates. Private sector organizations could also use the determinations in considering applications from foreign medical school graduates for graduate medical education in the U.S. To help achieve the necessary coordination and cooperation of the private-sector, the Secretary should arrange to use the services of a private organization, such as the Liaison Committee on Medical Education (the accrediting body for U.S. medical schools) in the development and implementation of the Secretary's program. The Secretary, in turn, should accept the decisions of accrediting bodies, which the Secretary approves in other countries. Medical schools that are located in countries not having an accrediting body acceptable to the Secretary and that would like some of their graduates to be able to practice medicine in the United States, could have the option of

--seeking the establishment of an accrediting body in their country or

--contracting with an already approved accrediting body in the United States or elsewhere to assure that the schools in question are properly accredited.

The advantages of this alternative are that it could

--diminish the current concern over the adequacy and appropriateness of the training provided by foreign medical school graduates,

--reduce the amount of verification of applicants' credentials required and thus conserve state and private resources now devoted to this effort,

--eliminate the need for ED and VA to develop criteria for assuring the comparability of education between foreign medical schools and U.S. institutions, and

--discourage U.S. citizens from attending unaccredited foreign medical schools if they plan to practice medicine in the United States.

A principal disadvantage of this alternative is that it would require the Secretary to endorse the accrediting bodies of other countries.

Alternative 2

Federal legislation could authorize the Secretary of Health and Human Services to review the credentials of foreign medical school graduates. States could then use the results of the Secretary's credentials reviews in considering licensure applications from foreign medical school gradutes. Similarly, private organizations could use these results in considering foreign medical school applicants for entry into U.S. graduate medical education. In the Secretary's development and implementation of the program, the Secretary should arrange to use the services of a national private-sector organization, such as the Educational Commission for Foreign Medical Graduates, which currently administers an examination for foreign medical graduates. Such an organization should review and verify the individual's credentials in accordance with standards established by the Secretary in cooperation with the organization. This organization could also make site visits to foreign medical schools, if necessary, to determine the adequacy of their educational programs. The results of the credentials reviews would be transmitted to those medical licensing boards or hospital training directors designated by the applicant, to be used in their decision-making process.

The advantages of this alternative are that it would

--give state licensing authorities and hospital training directors the best information available on which to base their decisions for licensure or graduate medical education and

--reduce the volume of work required by the states, eliminate duplication of work by different states, and eliminate the need for various states to make site visits to the same foreign medical schools.

State licensing boards would, of course, not be prohibited from obtaining additional information under either alternative.

We did not attempt to determine the federal government's costs to implement and carry out the functions under the proposed alternatives. However, we believe that the costs to carry out the functions of alternative 1 should be substantially less than those of alternative 2 and should decrease after the Secretary has initially approved foreign accrediting bodies.

The representatives of federal, state, and private organizations attending our June 6, 1985, conference agreed that the two potential courses of action would be helpful in mitigating many of the current problems. While the representatives generally supported both alternatives, they endorsed alternative 1. The conferees cautioned that the federal government should not attempt to carry out the functions as described in the alternatives, but should contract out the functions of either alternative to a private-sector organization.

At our June 26, 1985, conference, representatives of foreign medical schools and U.S. advocate groups for foreign medical graduates discussed the advantages and disadvantages of both alternatives but reached no consensus that either would be an appropriate course of action to take.

We discussed refined versions of both alternatives with representatives of the Department of State, the National Institutes of Health, the Liaison Committee on Medical Education, the Educational Commission for Foreign Medical Graduates, the American Medical Association, and the Federation of State Medical Boards of the United States. They agreed with our alternatives. HHS representatives would not render an opinion without seeing the specific wording of the alternatives.

LIST OF ATTENDEES AT GAO'S JUNE 6, 1985, CONFERENCE ON FOREIGN MEDICAL GRADUATES

Participants

Asper, Samuel, M.D.	President, Educational Commission for Foreign Medical Graduates	Philadelphia, Pa.
Bazley, Tom	Subcommittee on Health and Long-Term Care House of Representatives	Washington, D.C.
Brown, Morris, Ph.D.	Director, Division of Eligibility and Agency Evaluation Department of Education	Washington, D.C.
Bayers, Dave	Chief, Guaranteed Student Loan Branch Division of Policy and Program Development Department of Education	Washington, D.C.
Carroll, Catherine	Supervisor of Licensing New Jersey State Board of Medical Examiners	Trenton, N.J.
Casterline, Ray L., M.D.	Vice President - Operations Educational Commission for Foreign Medical Graduates	Philadelphia, Pa.
Ducich, Sarah	Budget Examiner Office of Management and Budget	Washington, D.C.
East, Paul, M.D.	Director of Affiliated Education Program Service Veterans Administration	Washington, D.C.
Faircloth, Dorothy	Executive Director Florida Board of Medical Examiners	Tallahassee, Fla.
Galusha, Bryant L., M.D.	Executive Vice President Federation of State Medical Boards of the United States, Inc.	Fort Worth, Tex.
Gienape, John, Ph.D.	Secretary, Accreditation Council on Graduate Medical Education American Medical Association	Chicago, Ill.
Janousek, Charles	Executive Secretary New Jersey State Board of Medical Examiners	Trenton, N.J.

APPENDIX II

Participants

Johnson, Robert, M.D.	Medical Examining Committee Illinois Department of Registration and Education	Springfield, Ill.
Katims, Robert B., M.D.	Florida Board of Medical Examiners	Miami, Fla.
Langsley, Donald, M.D.	Secretary American Board of Medical Specialities	Evanston, Ill.
Levit, Edithe J., M.D.	President The National Board of Medical Examiners	Philadelphia, Pa.
Martin, Donald	Assistant Executive Secretary New York State Board for Medicine	Albany, N.Y.
Masica, Daniel N., M.D.	Director, Division of Medicine Health Resources and Services Administration Department of Health and Human Services	Rockville, Md.
Minogue, William, M.D.	President The Association for Hospital Medical Education	Washington, D.C.
Miranda, Magdelina	Chief, International Medical Education Program Branch Department of Health and Human Services	Rockville, Md.
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McCann, Robert	Associate General Counsel American Hospital Association	Chicago, Ill.
Nelson, Kenneth M., M.D.	Medical Advisor Office of Inspector General Department of Health and Human Services	Washington, D.C.
Roberts, James S., M.D.	Vice President Joint Commission on Accreditation of Hospitals	Chicago, Ill.
Roberts, Susan DPA	New York State Department of Education	Albany, N.Y.
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APPENDIX II

Participants

Schwartz, Ronald	Subcommittee on Health and Long-Term Care House of Representatives	Washington, D.C.
Schwartz, M. Roy, M.D.	Vice President Medical Education and Science Policy American Medical Association	Chicago, Ill.
Signer, Mona M.	Program Director Division of Medical Affairs American Hospital Association	Chicago, Ill.
Swanson, August G., M.D.	Director of Academic Affairs Association of American Medical Colleges	Washington, D.C.
Walton, Diane	Education Specialist Central Office Operations Division of Veterans Benefits and Education Services Veterans Administration	Washington, D.C.
Wilson, Margaret A., Ph.D.	Medical Education Specialist Division of Medicine United States Public Health Service Department of Health and Human Services	Rockville, Md.
Wolfson, Edward A., M.D.	Dean, Clinical Campus Upstate Medical Center at Binghamton New York Board for Medicine	Binghamton, N.Y.

APPENDIX III

LIST OF ATTENDEES AT GAO'S JUNE 26, 1985, CONFERENCE ON FOREIGN MEDICAL GRADUATES

Participants

Adams, Patrick, Esq.	Attorney at Law St. George's University	Bay Shore, N.Y.
Aceves, Alejandro, Lic.	Dean for Foreign Students Autonomous University of Guadalajara	San Antonio, Tex.
Baker, Larry	Alumni Association Autonomous University of Guadalajara	San Antonio, Tex.
Bazley, Thomas D.	Subcommittee on Health and Long-Term Care Select Committee on Aging House of Representatives	Washington, D.C.
Bourne, Jeoffrey, DSC	Vice Chancellor St. George's University School of Medicine	Grenada, West Indies
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APPENDIX III

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